

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 109619A18 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.	9					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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